DECLARATIONUtility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled SYSTEM AND METHOD OF CHARACTERIZING VASCULAR TISSUE the specification of which

(Check One)	\boxtimes	is attached hereto OR
		was filed on as United States Application Serial No. Not yet assigned or PCT International Application No and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Cla Yes	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date	
60/406,183	August 26, 2002	
60/406,254	August 26, 2002	
60/406,148	August 26, 2002	
60/406,184	August 26, 2002	
60/406,185	August 26, 2002	
60/406,234	August 26, 2002	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

08/21/03

© 004

08/20/03 15:37 FAY

13:46

2305 674 3069

Attorney Docket Information 895.675-007

igi uun

1 further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful felse statements and the like so made are punishable by fins or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful felse statements may jeopardize the validity of the application or any patent lessing thereon.

	FULL NAME OF INVENTOR RESIDENCE &	FIRST Name Anuja City	MIDDLE Initial State or Forcigs Country Ohio	Nair Country of Chizona India		
201	CITIZENSHIP POST OFFICE ADDRESS	Cleveland Heights 2618 Mayfield Road, Apt. #3	City Cieveland Helghils	State or Country OH	Zip Code 44106	
INVENTOR'S SIGNATURE AND DATE 08/20/03						

	FULL NAME OF	LIUS! MOULE	MIDDLE Initial Geoffrey	LAST Name Vince	
INVENTOR RESIDENCE &	Chy	State or Foreign Country Ohlo	Country of Citizenship United Kingdom		
202	POST OFFICE	Avon Lake 300 Williamsburg Drive	City	Otate or Country OH	Zp Code 44012
IN'	VENTOR'S SIGNATI	D.C. all It		DATE 8/20	10]

FULL NAME OF		FIRST Name	MIDDLE Inidel	Klingenamith Country of Critzenahlp USA	
203 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	City	State or Fareign Country Ohio			
			City Shaker Heights	State or Country OH	Zip Code 44120
יאו	VENTOR'S SIGNATI	JRE JEDILLY	with	DATE _ 8 20	03

FULL NAME OF		FIRST Name Barry	MIDDLE Initial D.	USA	
204 RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	City Ayon Lake	State or Foreign Country Ohio			
	POST OFFICE	427 Moorewood Avenue	City Avon Lake	Stem of Country OH	Zip Code 44012
INVENTOR'S SIGNATURE Bay D. Colon DATE 8/21/03					1/03